

Licensee's Name:

Commonwealth of Massachusetts Division of Professional Licensure BOARD OF REAL ESTATE APPRAISERS

1000 Washington Street • Boston • Massachusetts • 02118

Appraiser Board: Verification / Licensee History Request Form

The Requestor (licensee or consumer) must mail this completed form and a non-refundable check or money order made payable to the Commonwealth of Massachusetts for \$15.00 to the Appraiser Board, 1000 Washington Street, Suite 710, Boston, MA 02118. Type or print legibly – illegible forms will not be processed.

Please allow a minimum of ten (10) to fifteen (15) business days for the Board to process and mail the Verification / Licensee History.

	License Number and Type Classification (Trainee, State- Licensed, Certified-Residential or Certified-General):	
I am requesting a Verification / Licensee History for the above Licensee.		
	Requestor's Name:	Ay for the above Electrisee.
	Requestor's Phone Number:	
I am requesting that the Verification / Licensee History be mailed to the below named person and address:		
	Name:	
	Business Name or Licensing State:	
	Street Address:	
	Street Address:	
	City, State Zip Code	
,	Applications Forms/verification	